FEC FORM 1

STATEMENT OF ORGANIZATION

FOR	M 1		O	RGANI	ZAIIO	N							
		(See instructions)						Office use only					
1. NAME COMM	OF ITTEE (i	n full)		(Check if name is changed)		nple: If typying, the lines	, type	12FE	4M5				
Denny	Heck	or Conç	ıress									Ш	
	Ш		, PO B	Ox 235					ш			ш	ш.
ADDRESS (number an	d street)	LIGE	0x 235				11	ш			ш	ш
(Chec is cha	k if addre nged)	SS	Olym	pia				L WA	<u>—</u> 		98507] _	
					CITY			STATE	•		ZIP C	ODE 4	
COMMITTE	E'S E-M	AIL ADDR	ESS (Please	provide only on	e e-mail addr	ess)							
(Chec	k if addre nged)	ss	phil@	seattlecfo.c	om				ш				
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	k if addre		DDRESS (UI	RL) // www.denny 	vheckforco	ngress.com		1 1			1 1		
2. DATE	М О	м / г 5	19 / Y	2011									
3. FEC ID	ENTIFIC	ATION N	JMBER		C COO	472159							
4. IS THIS	STATE	MENT	NEW	(N) OI	R X	AMENDE	ED (A)						
I certify that I	have exa	nined this S	Statement and	to the best of my	knowledge ar	d belief it is true	, correct and	d complet	e				
Type or Prin	t Name o	f Treasure	er P	hilip Lloyd									
Signature of	Treasur	er El <u>ec</u>	tronically Filed	by Philip	Lloyd			Date	0 5	/	19	Y	2 0 1 1
NOTE: Subm	ission of	alse, erron		plete information							2 U.S.C. {	§437g.	
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